

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

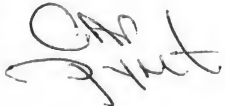
Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased.


Client Name: 

Date Enrolled: 2/1/17

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
		259.78	Mo: is on maternity leave and is not working.
AMOUNT TO BE REIMBURSED		259.78	

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: 

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____





1075 N. Hwy 67
Florent, MO 63031
(314) 522-5000
www.americanagleeu.org

MAIN

04/03/17 03:26 PM BR:0040

Sfx: 01

Coll Code: 213 Coll Description:

Offer: RCA Opened: 05/30/15 Balance: 13206.04 Payoff: 13247.72

Cltr: 235 Nxt Due: 04/14/17 Payment: 259.78 Past Due: .00

Pur: 235 Lst Act: 03/01/17 Orig Amt: 17457.42 C Flags: 56.59

MFS: CM Let Int: 03/01/17 Cr Limit: .00 R Flags:

Term: 75 APR: 03.4900 Cr Avail: .00 YTD Int: 140.91

Action Code: D Daily Int: 1.26 Acct Int: 41.67

04/03/17

Statement Inquiry

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STMT	611033-015	HARRIS/SNEAK M	04/03/17 03:26 PM	BR:0040
BEG DATE:	07/01/16	CLOSE DATE:	03/03/17	
ENTRY DT	ERCHS DT	TRAN DESC	FEE	INT
30/14/16	10/14/16	1PMT	.00	40.97
11/14/16	11/14/16	(EASY)	.00	41.69
01/20/17	01/20/17	(1PMT)	.00	58.69
02/22/17	02/25/17	(1PMT)	.00	47.07
03/01/17	03/01/17	(1PMT)	.00	5.15
END OF LIST*				

Close

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